

INCOME CONTRIBUTION AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

Lancaster

NAME OF DEBTOR(S)

Warren S Michael, Jr

CHAPTER 13 CASE #

18-13513

I, Georgene J. Michael, the person whose name is signed below, hereby swear/affirm that the following are true and correct:

1. The debtor(s) named above is/are my son (specify relationship, for example – mother, father, brother, friend).

2. I contribute financial support in the amount of \$ 135.00 on a monthly basis to the debtor(s).

3. The source of my income is \$1,300.00 (for example, wages from employment, self-employment, disability payments, Social Security, et cetera). The name of my employer is _____ (if applicable).

4. I will continue to make such contributions to the debtor(s) for the entire duration of the Chapter 13 plan of the debtor(s).

7/30/18
Date

Georgene J. Michael
Affiant/Contributor (signature)

GEORGENE J. MICHAEL
Affiant/Contributor (print name)

Sworn to or affirmed and subscribed to before me by _____, the Affiant/Contributor identified above, on this _____ day of _____, 200__.

Notary Public

[Notarial Seal]